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CLOZAPINE MAY BE THE ANSWER: A CASE REPORT OF ELEVATED SERUM CREATINE KINASE IN THE ABSENCE OF NMS

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Objectives: To highlight significant increase in serum creatine kinase(CK) without occurrence of Neuroleptic Malignant Syndrome (NMS), during treatment with atypical antipsychotics (Olanzapine and/or Quetiapine) in a patient with paranoid schizophrenia and the absence of recurrence on treatment with Clozapine.

Methods: Clinical biochemistry data was collected at regular intervals to monitor the relevant changes in serum CK levels,of a patient with paranoid schizophrenia who was an inpatient in our low secure forensic psychiatric ward in 2008-09. We also did a literature search in Pubmed and Google with the key words ´Increase in serum Creatine Kinase´ and ´antipsychotics´.

Results: Our patient developed a significant increase in serum CK levels with Olanzapine and also Quetiapine without the occurence of NMS. The CK levels came back to normal on stopping these medications.Following this he was initiated on Clozapine and has remained stable for almost a year without a significant increase in serum CKlevels. There have been previous case reports on the use of Clozapine in patients with significant increase in CK secondary to other antipsychotics, without recurrence in elevation of creatine kinase.

Conclusions: Clinicians should be aware that Clozapine can be considered as a treatment option in patients presenting with (non NMS) significant increase in CK due to other antipsychotics. Clozapine has been known to cause Neuroleptic Malignant Syndrome and previous literature suggests Clozapine-induced NMS may present with fewer extrapyramidal side effects and a lower rise in Creatine Kinase levels.

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